

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

MICHAEL L. VICKERS; SHERIFF BRAD COE, in his
official capacity; KINNEY COUNTY, TEXAS; and
ATASCOSA COUNTY, TEXAS

Plaintiff(s)

v.

JOSEPH R. BIDEN, JR., President, in his official
capacity, et al.

Defendant(s)

Civil Action No. 2:24-cv-00196

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* United States of America

Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue NW
Washington, DC 20530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Christopher J. Hajec
Immigration Law Reform Institute
25 Massachusetts Ave., NW, Suite 335
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: August 2, 2024

Nathan Ochsner, Clerk of Court

s/ Verlinda Rios

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 2:24-cv-00169

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* United States of America
 was received by me on *(date)* 08/02/2024 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: On August 6, 2024, I served this summons and Plaintiffs' original complaint, via certified mail, return receipt requested #7002 3150 0003 3823 3455, to the address below. The summons was delivered on August 19, 2024, as depicted on the attached return receipt.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 09/25/2024

/s/ Matt Crapo

Server's signature

Matt A. Crapo, Attorney

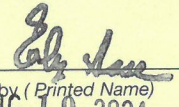
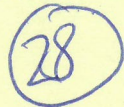
Printed name and title

Immigration Reform Law Institute
 25 Massachusetts Ave., NW, Suite 335
 Washington, DC 20001

Server's address

Additional information regarding attempted service, etc:

United States of America
 Attorney General of the United States
 U.S. Department of Justice
 950 Pennsylvania Avenue NW
 Washington, DC 20530

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X 	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) AUG 19 2024	C. Date of Delivery
1. Article Addressed to: United States of America Attorney General of the United States U.S. Department of Justice 950 Pennsylvania Avenue NW Washington, DC 20530		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7002 3150 0003 3823 8455			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	